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 To:	Examiner Meredith C. Petravick	From:	Brant T. Maurer, Esq.		
Coi	United States Patent and Trademark Office	Date:	January 26, 2005		
 Fax #:	703-872-9306	#Pages:	13 (including cover page)		
Re:	Response to October 1, 2004 Office Action U.S. Patent Application No. 10/623,727	Atty. Docket No.	17236		
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	persons are required	Application Number	10/6	23,727
				21, 2003
TRANSMITTA	<b>\</b> L	Filing Date		
FORM		First Named Inventor	And	lrew Sabr
(to be used for all correspondence after I	nitiai tiiing)	Art Unit	367	1
		Examiner Name	Me	redith C. Petravick
Total Number of Pages in This Submission		Attorney Docket Number	er 172	36
	ENCLOS	URES (check all that a	pply)	
Amendment / Reply  After Final  After Final  Affidavits/dectaration(s)  Extension of Time Request  Express Abandonment Request  Request		After Allowance co to Yechnology Cor Appeal Communic of Appeals and Int Appeal Communic (Appeal Notice, E one Convert a onal Application of Attorney, Revocation of Correspondence Address  After Allowance co to Yechnology Cor Appeal Communic (Appeal Notice, E Proprietary Inform Status Letter		to Yechnology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please
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Signature Brant 1. Maurer  Signature Brant 1. Maurer	Mauren			
Date January 26, 2005	<u> </u>	-		
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Fees pursuant to Ine Co	ensolidaled Appropria	AETT A I	Application Number	10/623,7	27	
FEE 11	<b>KANSI</b>	MITTAL	Filing Date	July 21,	2003	
for	FY 200	)5	First Named Inventor	Andrew		
			Examiner Name	Meredit	h C. Petravick	
Applicant claims	small entity status	s. See 37 CFR 1.27	Art Unit	3671		
TOTAL AMOUNT	FOF PAYMENT	(\$) \$120.00	Attorney Docket No.	17236		
METHOD OF PA	YMENT (check al	l that apply)				
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Deposit	Deposit Account	t Number:03-1025	Deposit Acco	unt Name:	CNH A	merica LLC
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Application Type	Fee (\$)	Fee (5) Fee (5		Fee (\$)	Foo.(\$)	Fees Paid(\$)
Utility	300	150 500	250	200	100	
Design	200	100 100	50	130	65	
Plant	200	100 300	150	160	80	
Reissue	300	150 500	250	600	300	
Provisional	200	100 0	0	0	0	
EXCESS CLAII Fee Description Each claim over 20 Each independent Multiple dependent	) (including Reiss claim over 3 (incl	ues) uding Reissues)			Fee (\$) 50 200 360	<u>\$mail Entity</u> <u>Fee (\$)</u> 25 100 180
Total Claims - 20 HP = hignest number	<u>Extra Clai</u> or HP =	x\$50.00_ or, if greater than 20.	Fee Paid (5)  Fee Paid (5)  S0,00		Multiple Fee (5)	Dependent Claims Foe Paid (\$)
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SUBMITTED BY						
Signature	Bron 48.	Manes	Registration No. (Attorney/Agent)	53,285	Telephone	262-636-5368
Name (Best)		Brant T. Ma	urce		Date	January 26, 2005

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